State of Vermont
Department of Vermont Health Access
Vermont Blueprint for Health
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

[Phone] 802-879-5988
[Fax] 802-879-5651

Agency of Human Services

Blueprint Executive Committee Meeting

Minutes of September 27, 2012

Attendees: W. Bennett, D. Cochran, S. Gretkowski, B. Grause, P. Harrington, C. Jones, P. Jones, P. Knapp, J. Peterson, B. Warnock, L. Watkins, R. Wheeler, T. Dolan, J. Samuelson

Expansion Update:

- Craig Jones distributed a PowerPoint presentation
- NCQA – 109 practices are ready or have already been scored. Originally 119 practices were scheduled to be scored by December 2012, however due to the more rigorous 2011 NCQA standards several practices have opted to delay scoring.
- We have finalized the modified MOU with our insurers for "frontloading" CHT payments. (Medicare will not be frontloading at this time.) The majority of large practices in Vermont (which have additional resources for NCQA preparation and successful scoring) have already gone through the scoring process. The frontloading process will promote high scoring and is really intended to help those small practices in the queue.
- Accurately identifying the total number of practices/providers in Vermont remains problematic. Pat Jones will continue to cross reference the information that the Blueprint has in its project management database with VITL's and AHEC's information. The list changes routinely due to practice consolidations and clinicians leaving and joining groups and sites. A web-based data source is being developed to provide this information, which will be updated in real time. The Blueprint is currently recruiting a Data Manager and Analyst to work on this very important demographic database.
- NCQA is working on developing specialty practice standards. NCQA has selected VT as a pilot for this work. Specialty standards will be a big advancement for Vermont.
- NCQA scores over time – 2008 vs. 2011. Even though the 2011 standards are much more rigorous, we have not witnessed any dramatic drops in scores.
- NCQA requires that each practice identify 3 conditions to demonstrate they are tracking patients and measuring potential improvements in order to be scored. Very broad range of conditions is emerging. The Blueprint will be looking at health care patterns vs. health care expenditures via the VHCURES analysis.

- We have witnessed a remarkable uptake in pediatric practices. 18 practices have now been scored with an average score of 78 out of 100. A greater portion of pediatric practices have been scored on the 2011 standards vs. the 2008 standards. Many of the small pediatric practices do not have electronic medical records, which may be challenging for them.
- Dr. Jones suggested that we revisit the All Payer Claims database (VHCURES) with the Executive Committee.
- Bea Grause asked if the Blueprint is collecting qualitative data and anecdotal stories directly related to the better standards and resources being used for the CHT's . This information will prove invaluable during the Legislative session. Dr. Jones responded that UVM and VCHIP have expanded their activity in the qualitative assessment of the program this year. Also, AHRQ has just completed a professional video profiling the Blueprint available at http://www.innovations.ahrq.gov/webevents/index.aspx?id=44 This proved to be an excellent opportunity to highlight VTs reform efforts as well as a couple of our communities.
- The state is applying for the SIM Grant to extend the clinical registry and meet the needs of evaluation requirements.
- January 1, 2013 is the projected start date for the joint ACO between Fletcher Allen and Dartmouth.
- We want our data sources to be robust, useful and used by all including ACO's.

Mental Health and Substance Abuse ("Hub and Spoke"):

- Continuum of Mental Health & Substance Use Services was discussed.
    - The model is on target to start in January 2013 initially serving the "West Coast" of Vermont. Programs will be based in Burlington and Rutland.
    - Beth Tanzman, Blueprint Assistant Director, has worked with DVHA leadership in collaboration with VDH and many MH/SA professionals statewide to create this novel and exciting approach to an intractable problem.
    - Spokes – RN/Counselor teams. Purpose is to add capacity to the CHTs to support medication therapy in primary care.
    - Hubs – More targeted services delivered in several sites around the State
    - We have seen a rapid uptake of chronic pain focused Healthier Living Workshops, which is a mechanism to address the problem of prescription drug use in Vermont
    - The "Hub and Spoke" learning collaborative curriculum includes MAT prescribing, the use of the Prescription Monitoring System, etc.

With no further business, the meeting adjourned at 10:00.